CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Vijay Seetharaman et al.			Docket No. JP920000314U\$1	
Serial No. 09/966,131	Filing Date 09/27/2001	Examiner Boris Pesin	Group Art Unit 2174	
ention: CONTEXT I	BASED VIEW DESIGN TO SU	UPPORT CLIENT SIDE MULTI-T	THREADING	
			RECEIVED CENTRAL FAX CENT	
			AUG 1 1 2004	
ereby certify that this being facsimile transm		Act in a Representative Capacity, 6 (Identify type of correspondence) ent and Trademark Office (Fax. N		
			,	
		0.11 . 12.1		
		Colleen Bul (Typed or Printed Name of Perso	man n Signing Certificate)	
		College Bul (Signature)	man	
	Note: Each paper mus	t have its own certificate of mailing.		
		•		
	•			

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

	pplication of: Seetharaman et al					
Applica	ation No. 66,131		· · · · · · · · · · · · · · · · · · ·			
Filed:			10.00			
09/27	2/2001		,			
Title:	•					
CONTE	XT BASED VIEW DESIGN TO S	UPPORT CLIENT SIDE MU	LTI-THRE	ADING		
Attorney Docket No. Art Unit:		Art Unit:				
JP920	JP920000314US1 2174					
	The practitioner named below is autroncerned. Furthermore, the practition application pursuant to 37 CFR 1.34	ioner is authorized to file corres	spondence ir	the above-identified	cipal	
	Name			Registration Number		
Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110			44,688			
does n abando assigno	s not a Power of Attorney to the ab not have authority to sign a request to onment, a disclaimer, a power of atto nee of the entire interest or an attorne I practitioner should be executed and	o change the correspondence a priney, or other document requir by of record. If appropriate, a se d filed in the United States Pate	address, a re ring the signa eparate Pow ent and Trade	equest for an express ature of the applicant, er of Attorney to the abo		
	SIG	NATURE of Practitioner of Recor	rđ			
Name	John R. Pivnichny					
Signati	John Tronde		Date	08/11/04		
Registrat Number			Telephone	607_429_435B		

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.